



Founded 1876
Incorporated 1899

TOWN OF JEROME, ARIZONA

POST OFFICE BOX 335, JEROME, ARIZONA 86331
(928) 634-7943 FAX (928) 634-0715

Celebrating Our 107th Anniversary
1899 - 2006

EMPLOYMENT APPLICATION

Date: _____

Applicant Name: _____

Mailing Address: _____

Contact Phone: _____ Email Address: _____

Date you can start work? _____

Do you have the legal right to work in the U.S.? _____

Position applied for: _____

Have you worked for the Town of Jerome before? _____, If yes, when: _____

Do you have a valid Arizona driver license? _____, Commercial driver license? _____

Have you ever been employed under another name? _____, If yes, list: _____

Have you ever been discharged from employment? _____, If yes, explain: _____

Do you have any relatives working for the Town of Jerome? _____, If yes, explain: _____

If you are under the age of eighteen list your age: _____

Are you able to perform the essential functions of the position you have applied for, with or without accommodation? _____, If no, explain: _____

WORK HISTORY

Begin with the most recent employer

Name of Company: _____

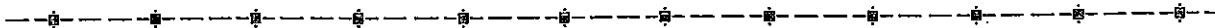
Address: _____

Job Title: _____ Supervisor: _____

Phone #: _____ May we contact employer? _____

Describe duties performed: _____

Reason for leaving: _____



Name of Company: _____

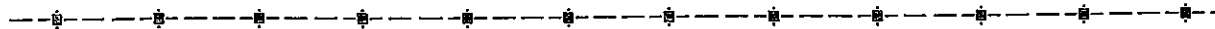
Address: _____

Job Title: _____ Supervisor: _____

Phone #: _____ May we contact employer? _____

Describe duties performed: _____

Reason for leaving: _____



Name of Company: _____

Address: _____

Job Title: _____ Supervisor: _____

Phone #: _____ May we contact employer? _____

Describe duties performed: _____

Reason for leaving: _____

EDUCATION

High School, College, University, Business, Vocational or Technical

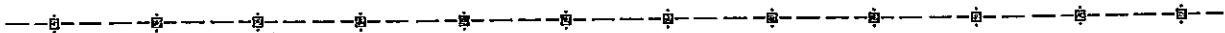
Name of School: _____

Location: _____

Area of study: _____

Degree awarded: _____ Professional license or certification: _____

License / certificate #: _____ Expiration date: _____ Licensed in AZ _____



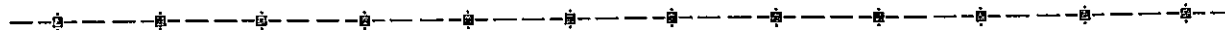
Name of School: _____

Location: _____

Area of study: _____

Degree awarded: _____ Professional license or certification: _____

License / certificate #: _____ Expiration date: _____ Licensed in AZ _____



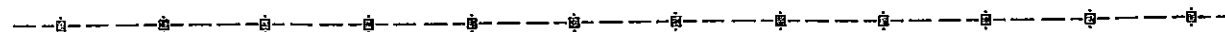
Name of School: _____

Location: _____

Area of study: _____

Degree awarded: _____ Professional license or certification: _____

License / certificate #: _____ Expiration date: _____ Licensed in AZ _____



SKILLS

Please list any additional skills or information relevant to the position for which you are applying:

The Town of Jerome supports a drug-free work environment through pre-employment drug testing.

EOE / F / M / D / V

AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Town of Jerome to provide equal opportunity employment. Selection and employment of applicants shall be made on the basis of qualifications, without regard for disability, national origin, race, colour, religion or sex.

Read the following statement carefully.

The application is invalid unless signed by the applicant.

I hereby certify that the facts set forth on this application are true and complete and that any misrepresentation, falsification or willful omission shall be sufficient reason for refusal of employment. I authorize the Town of Jerome to investigate all information contained in this application including contacting employers. I also grant permission to ant previous employer to disclose any and all information concerning my previous employment. I understand if I am interviewed or selected as a finalist with the Town of Jerome, my application will be considered "public record" and may be subject to publication.

Applicant signature

Date

After employment information will be sent to Arizona New Hire.

All applications are kept on file for six months.